

highgrove surgery

RECORD SHARING CONSENT / DISSENT FORM

1. Record Sharing of patient identifiable data with secondary care or other providers my GP practice refers me to

I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY

I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY

Record Sharing of patient identifiable data from other care settings where I am being treated with my own GP practice

I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY

I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY

2. Record upload to the Summary Care Record

I DO **NOT** GIVE MY CONSENT TO SHARE DATA IN THIS WAY

I DO GIVE MY CONSENT TO SHARE DATA IN THIS WAY

I have received sufficient information to make an informed choice about the above and confirm that this is my own choice and I have not been forced or persuaded by any person to answer in a specific way.

First Name _____ Surname _____

Date of Birth _____

Signature _____ Date _____